

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>09/1074931</i>	Filing Date					
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)						
CLAIMS	<i>AS FILED 10-14-05</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	<i>1</i>											
Total Depend	<i>12</i>											
Total Claims	<i>13</i>											

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